

09/913574
518 Rec'd T/PTO 13 AUG 2001

PCT APPLICATION
BOX PCT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

E. I. DU PONT DE NEMOURS AND COMPANY

INTERNATIONAL APPLICATION NO: PCT/US00/06960

FILED: 16 MARCH 2000

CASE NO.: FA0824 WO

AUTHORIZED OFFICER: CHARLENE CALHOUN

TITLE: HIGH SOLID EPOXY, MELAMINE AND ISOCYANATE
COMPOSITIONS

CHANGE OF INVENTORSHIP

Assistant Commissioner for Patents
Box PCT
Washington, D.C. 20231

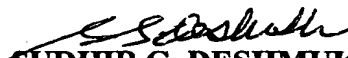
Sir:

The applicant submits the following correction to change the inventors. Please
delete the following inventors currently listed in the Request.

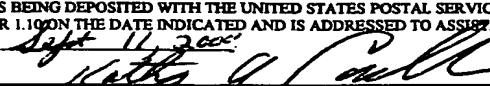
Sape Kewsi Quashie
30060 Northgate Drive
Southfield, Michigan 48076
USA

Attached is the revised "Sheet No. 2" of the Request indicating the change
above.

Respectfully submitted,


SUDHIR G. DESHMUKH
Attorney for Applicant
Registration No.: 33,677
Telephone: (302) 992-4385
Fax: (302) 992-2533

Dated: 9/11/2000

<p align="center">CERTIFICATE OF MAILING</p> <p>I HEREBY CERTIFY THAT THIS PAPER IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED AND IS ADDRESSED TO ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231 ON <u>Sept 11, 2000</u></p> <p align="center"> KATER A. COULBOURN NAME OF PERSON SIGNING THIS CERTIFICATE</p>

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

UHLIANUK, Peter William
6440 Bordman Road
Romer, Michigan 48065
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

WHITE, Donald A.
857 Linden Way
Auburn Hills, Michigan 48326
US

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.